

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	821
FORMALITY REVIEW	H.T.	1117	8/30/01
RESPONSE FORMALITY REVIEW	CK	1109	10/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓		7/2
2			7/2
3			7/3
4			7/3
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6	✓	✓	7/3
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/20/01  
JL